Rev. 9/6/2023

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Athletic Director: ______

STERLING HIGH SCHOOL

HOME OF THE SILVER KNIGHTS

501 S. WARWICK ROAD SOMERDALE, NJ 08083 856.784.1333



APPLICATION FOR USE OF SCHOOL FACILITIES

The undersigned	hereby makes appli	cation for th	e use of	school fac	ilities indica	ated below	<i>ı</i> :					
Name of					Website:							
Organization:												
Address of												
Organization:	Street				City			State	Zip			
	Name:				Phone:		Email Addr	•				
	Name.				Priorie.		Email Address.					
Point of Contact:	Title:											
Purpose of Rental	(be specific):											
. a. pose or nemar	(ac specime).											
	FACII	ITY AND E	QUIPTN	/IENT REC	QUESTED (check all	that apply)					
Auditorium				Γables (nur	mber)			F	rojector			
Gymnasium			Chairs (num				Screen					
Classroom(s)			Public Address Sys				Spotlights					
Library			Piano ii					Stereo Eq	uipment			
Athletic Field(Grass)			Grand P									
Stadium Field(Turf)			Dressing Rooms (r									
SPECIFY FIELD/ RE	QUESTS:											
Please select the season that falls within your date range. A new application is required if your dates cross over into					START DATE:			END DATE:				
A new application	on is required ij you another seasoi		over im	10								
FALL -	- August 16 th - Nov											
WINTER – November 27 th – March 3 rd					START TIME:			END TIME:				
	G – March 4 th – Ma	•										
	MER – June 1st – Aug											
Frequency (be spe	cific; list days of the	e week or m	onthly):									
Will there be an audience?			NO If yes, estimated number in attendance				tendance?					
Will an admission fee be charged?			YES NO If yes, what purp			urnaca will funds ha usad?						
will all aufilission fee be charged?			NO	NO If yes, what purpose will funds be used								
Statement of applic	ant: I have received	and read th	e Board	of Educati	ion Rules an	nd Regulat	ions for Comi	munity use o	of School Fa	cilities		
and accept responsi	bility for meeting th	e requireme	nts state	ed.								
Signature of Applicant Print I										Position with Organization		
orginatare or vibi	olicant			Print Nam	ne			Position	with Orgai	nization		
	olicant	IG EMAILS				@sterling	g.k12.nj.us ;					
PLEASE SUBMIT	TO THE FOLLOWIN		FOR AP		smanlove							
PLEASE SUBMIT TO OFFICE USE ONLY:	TO THE FOLLOWIN	Approved:	FOR AP		smanlove BOE App	oroval Date		cmetzger@				

Business Administrator: _____